U.S. Department of Labor Office of Labor Management Standards" Washington DC 20210

## att i circlia i

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 86-257 as amended Failure to compty may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

U 6				
1 File Number U 13667	2. Fiscal Year Covered From			
τ )( (	1 / 1 / 2005 Through. 12 / 31 / 2005			
3 Name and address of person filing	4 Name, file number and address of labor organization.			
Name KEVIN T KROLL	Name IBEW LOCAL UNION 72			
<u></u>	Labor Organization File Number 035-889			
PO Box Bldg Room No if any 2075	P O Box, Building and Room Number if any 1813			
Street AUSTIN HINES	Street ORCHARD LANE			
City CHINA SPRING , t , ~ [1]	City WACO			
State Texas ZiP Code + 4 76633= 1	State Téxas - ZIP Code + 4 76705-3303			
5 Position in labor organization JATC INSTRUCTOR	±			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of				
monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6 Name and address of Employer (including trade name if any)	7 a. Nature of interest, Transaction or Income			
o Name and address of Employer (modding dade name in any)				
Name Trade Name if any				
Name				
Name State Name if any State Name State Name If any State Name If any State Name It is not				
Name  Trade Name if any  PO Box Bidg Room No if any				
Name  Trade Name if any  P O Box Bldg Room No if any  Street				
Name  Trade Name if any  PO Box Bldg Room No if any  Street  City  ZIP Code +4				
Name  Trade Name if any  PO Box Bldg Room No if any  Street  City  ZIP Code +4	ature  Perjury and other applicable penalties of the law that all of the information ing documents) has been examined by the signatory and is to the best of the			
Trade Name if any  P O Box Bidg Room No if any  Street  City  State  ZIP Code +4  Sign  15 Signature and verification The undersigned declares under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and be left true correct, and complete. (See the see	7 b Amount.  Perjury and other applicable penalties of the law that all of the information ing documents) has been examined by the signatory and is to the best of the ction on penalties in the instructions.)			
Name  Trade Name if any  PO Box Bidg Room No if any  Street  City  State  ZIP Code + 4  Sign  15 Signature and verification The undersigned declares under penalty of submitted in this report (including the information contained in any accompany)	ature  Perjury and other applicable penalties of the law that all of the information ing documents) has been examined by the signatory and is to the best of the			

Name of Person Filing KEVIN KROLL	1 .	1 1 7 3 3	File Number U 13667	
	1	5+ 7 Ptr 411	24, 3 2 1	
B Held an interest in or derived income or economic benefit with monetary value from a business (4) a substantial part of which consists of buying from selling or leasing to or otherwise dea #g with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) 10		9 Business deals with	73 3	
Name WACO AERA WIDE JATC		a Labor Organiza	ntion.	
Trade Name If any		b Trust	30011	
PO Box Bldg Room No If any 1813		c Employer		
Street ORCHARD LANE			<del>-</del>	
City WACO				
State Texas ZIP Code +4 767	05-3303			
10 If 9 b or 9 c is checked give trust or employer's name	, · ·	11 a Nature of such deal	ing ,	
Name WACO ELECTRICIAN S JATC TRUST FUND				
Trade Name If any				
PO Box Bldg Room No If any 1813		A Company		
Street ORCHARD LANE				
City WACO		11 b Approximate dollar val		
		12 a Nature of interest hel	d or income received R APPRENTICESHIP TRAINING	
State Texas ZIP Code + 4 7670	05 3303	INSTRUCTOR	R APPRENTICESHIP TRAINING	
		ب 1ر	*	
			१व -	
		12 b Amount	\$3 039	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultat	nt	14 a Nature of payment		
(including trade name if any)	<u> </u>			
Name			1	
Trade Name If any			g )	
P O Box Bldg Room No If any		- Hazaran adam adam adam adam adam adam adam ad	No. de descrisio. Salar pr	
Street		1. T.	Alexan	
City			- C3	
State ZIP Code + 4		<u> </u>	' <b>k</b> "	
13 b Is the Business an Employer or Consultant	] ?	14 b Amount of payment.		